

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043847

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5880

STATE FILE NUMBER

FILED NOV 21 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

KANSAS CITY

Length of stay in lb

30 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

V A HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY  
OR  
TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET  
ADDRESS

(If outside, give location)

2649 EAST 28TH

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

ARTHUR

Middle

W

Last

CONEY

4. DATE  
OF  
DEATH

Month

Day

Year

October 28, 1963

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-15-95

9. AGE (last birthday)

68

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired postal employee

10b. KIND OF BUSINESS OR INDUSTRY

Post Office

11. BIRTHPLACE (City and state or country)

Robeline, Louisiana

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Coney

13b. MOTHER'S MAIDEN NAME

Ollie Coney

14. NAME OF HUSBAND OR WIFE

Blanche Coney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WWI

17. INFORMANT

Blanche Coney, wife

VA Hospital Official Records, K.C. Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Malignant hypertension, acute

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma of the prostate with periaortic metastases

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.  
p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from

October 25, 1963

to October 28, 1963

Death occurred at 2:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

William K. Gourley

(Degree or title)

22b. ADDRESS

VA Hospital, Kansas City, Mo.

22c. DATE SIGNED

10-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-31-63

23c. NAME OF CEMETERY OR CREMATORY

National Cemetery

23d. LOCATION (City, town, or county)

Fort Leavenworth, Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Mrs. Meek's Mortuary, K. C., Mo.

25. DATE RECD. BY LOCAL REG.

10-30-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

77284-1235

DATE

TIME

PLACE

BY

FOR

THIS

LOCATION

28

NAME

AGE

SEX

DATE

TO

FROM

DATE

TIME

DATE

TIME

PLACE

NAME

AGE

DATE

BY

FOR

DATE

OF

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Millard B. Paskin

Licensed Embalmer No. 5013

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

23-13-11